KAISER PERMANENTE®

COVID-19 Vaccine Dose 2 Screening

For vaccine staff: • If "YES" to questions 1 or 2, do not vaccinate unless cleared by a physician. • If "YES" to any of the questions 3, 4, or 5, please reschedule as needed. • If "YES" to questions 6 or 7, vaccine can be given followed by 30-minute observation period.	**YES**	**NO**
1. Did you have an immediate allergic reaction (within 4 hours) of receiving your first COVID-19 vaccine dose? • "Reaction" includes swelling anywhere but the injection site, hives, wheezing or trouble breathing, or anaphylaxis.	☐	☐
2. Are you allergic to polyethylene glycol (PEG), polysorbate, or any of the components in the currently approved vaccines? **(see reverse for components)**	☐	☐
3. Do you have a fever of 100.5°F or are you moderately or very ill today? • Reschedule at least 2 weeks from now	☐	☐
4. Are you currently quarantining due to a positive COVID-19 test or exposure to someone with COVID-19? • Reschedule after quarantine ends	☐	☐
5. Have you received any other vaccines (e.g., flu, pneumonia, tetanus, or shingles shot) in the past 14 days, or are you planning on getting any vaccines in the next 2 weeks? • Reschedule either the COVID-19 vaccine or the other vaccines so that they're at least 14 days apart	☐	☐
6. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of a vaccine or injectable medication? (This includes food, pet, environmental, or oral medication allergies.)	☐	☐
7. Have you had swelling, hives, trouble breathing, or anaphylaxis within 4 hours of receiving any previous vaccine or injectable medication? **(see reverse for more information on allergic reactions)**	☐	☐

BELOW COMPLETED BY VACCINE STAFF: Only complete if KPHC is unavailable

	LIM#	Vaccine Descriptor as in KIDDS	Type	Age	Dose/Route/Site
☐	1111	COVID-19, mRNA, LNP-S, PF (Pfizer-BioNTech)	MDV	16+ yrs	0.3 mL IM L/R Deltoid
☐	1110	COVID-19, mRNA, LNP-S, PF (Moderna)	MDV	18+ yrs	0.5 mL IM L/R Deltoid

Lot and Expiration Date: _____

Name (First and Last): _____

KP Medical Record Number: _____

Administered by (PRINT name and title in the boxes below):

Signature: _____ Date Administered: _____ (MM/DD/YYYY)

COVID-19 Vaccine Components	
Pfizer-BioNTech	**Moderna**
messenger ribonucleic acid (mRNA)	messenger ribonucleic acid (mRNA)
2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	[PEG] 2000 dimyristoyl glycerol [DMG]
1,2-distearoyl-sn-glycero-3- phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]
cholesterol	cholesterol
(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102, polyethylene glycol
potassium chloride	tromethamine
monobasic potassium phosphate	tromethamine hydrochloride
sodium chloride	acetic acid
dibasic sodium phosphate dihydrate	sodium acetate
sucrose	sucrose

INFORMATION ABOUT ALLERGIC REACTIONS

COVID-19 vaccines are safe for most people with allergies. People who are allergic to most types of allergens (like animals, food, pollen, latex, or most medicines) are NOT more likely to have an allergic reaction to the COVID-19 vaccine.

According to the US Centers for Disease Control and Prevention (CDC), severe allergic reaction after vaccination is extremely rare. However, if you've had an allergic reaction to an ingredient in one of the vaccines, you should NOT receive that vaccine. We will screen for possible allergies at your vaccine appointment.

If you've had swelling, hives, trouble breathing, or anaphylaxis within 4 hours of receiving any previous vaccine or injectable medication, the risk of developing another severe allergic reaction to the COVID-19 vaccines is not fully known. You can still receive the COVID-19 vaccine based on CDC guidance. You'll be observed for 30 minutes afterward as a safeguard. All vaccination sites have the appropriate medications and equipment to treat allergic reactions.

If you're concerned about a severe allergic reaction, you may consider waiting to get the vaccine until more information is available. If you'd like to discuss the risks and benefits of vaccination further, please contact your doctor.

© 2021, The Permanente Medical Group, Inc. All rights reserved. Health Engagement Consulting Services.
07686 (Revised 3/21) RL 6.8

KAISER PERMANENTE®